

NORM COLEMAN'S R_x FOR RURAL MINNESOTA

Improved Access To Rural Healthcare Services

Rural Health Services Preservation Act

Given a growing disparity in access to health care in Greater Minnesota, Critical Access Hospitals (CAH) are more important than ever in providing available and affordable medical care to rural residents. My legislation will ensure that Critical Access Hospitals are reimbursed at a rate that allows them to cover the costs of the important services they offer.

Currently, these hospitals are not being reimbursed in a way that allows them to fully account for their costs. My bill ensures Critical Access Hospitals receive at least 101 percent of cost for inpatient, swing-bed and outpatient hospital services provided to Medicare patients covered under a Medicare Advantage plan, whether or not the hospital has a contract with that plan. This bill would create certainty in payments and strengthen the CAH system relied upon by Minnesotans in rural areas.

Critical Access to Health Information Technology Act

The viability of Critical Access Hospitals depends greatly upon keeping pace with technology and other advancements that enable them to provide the best and most economical medical services. Unfortunately, many rural hospitals in Minnesota and across the country lack the high numbers of personnel, patients, or money needed to compete with larger hospitals for federal funding. This legislation will help rural CAHs compete for federal health technology grants.

Remote Monitoring Access Act

An estimated 40 percent of our rural population lives in a medically underserved area, with access to care an average of 30 miles or more away. Fortunately, promising new technologies that collect, analyze, and transmit clinical health information are coming on line. This technology allows physicians to monitor and treat patients without a face-to-face office visit, thereby increasing access to physicians for patients living in rural areas.

My legislation would create a new benefit category for remote patient management services in the Medicare physician fee schedule. For the first time, Medicare would cover physician services provided remotely for specific medical conditions. Initially, Medicare would cover treatment of congestive heart failure, diabetes, and cardiac arrhythmia with the option of covering additional conditions in the future.

Cass County Critical Access Hospital

Currently, many Cass County residents are often required to drive for over an hour to reach the nearest hospital. This legislation will enable the City of Walker to build a CAH by cutting through the red tape requiring it to be a minimum of 35 miles from the nearest hospital.

Rural Access to Mental Health and Wellness for Children and Seniors Act

Providing adequate mental healthcare in rural communities has become a national challenge. Primary care is often the only system for delivering mental health services and providers are seeing an increase in mental health issues in their clinics. A recent study found that 41 percent of rural women were depressed or had anxiety, and that 40 percent of all visits to rural practitioners are due to stress. My legislation would establish federal grants to:

- Provide assistance to rural schools, hospitals, and communities to conduct collaborative efforts to secure a system to improve access to mental healthcare for youth, seniors, and families
- Increase access of elementary and secondary students to mental health services in rural areas by operating a mobile health services can program
- Provide telemental health services to people of all ages.

Rural Critical Access Hospital Reconstruction and Rehabilitation

To ensure the construction and maintenance of Critical Access Hospitals in vital areas of the state, this legislation will provide \$1.6 billion allocated over five years for rural Critical Access Hospitals across the country. This proposal would require \$85 million in mandatory spending to supplement funding for the USDA Rural Development Community Facilities programs. With a mix of direct and guaranteed community facilities loans, \$80 million in budget authority will support \$1.6 billion in loans needed to meet the identified capital need of these hospitals over the life of the farm bill. The additional \$5 million would be available for grants to meet needs not covered by the loan programs.

NORM COLEMAN: SEEKING A CURE FOR AMERICA'S HEALTHCARE SYSTEM

Every American should have access to an affordable, high quality health plan. Minnesota has the highest rate of insured citizens in the U.S., but we can and must do better. The answer is not bureaucratic, socialized medicine, as some propose. Instead, we should rely on the power of the private market to give you the quality of care you deserve.

Getting Serious About Healthcare Reform

I believe you should own and control your own health insurance, not the government. What government should do is help reduce the barriers to every American having health insurance by simplifying and coordinating the purchase of affordable options. Insurance for every American is a goal we can reach and I will be exploring legislation that focuses on the following measures:

- A tax credit to make the purchase of health insurance more affordable, while leaving the current safety net programs in place for those in need.
- Group purchasing pools to provide small businesses and individuals more affordable coverage through private market mechanisms.
- A one stop shop to help consumers understand their insurance options and choose the one that best meets their needs.
- A requirement for states to provide at least one insurance plan that everyone can buy into, including those with pre-existing conditions.
- A provision to ensure an individual's insurance status does not depend on employment status.
- A range of options for cost and coverage, so you can choose to invest in what is best for you and your family.

Overcoming Nursing Shortage Challenges

The U.S. faces a critical shortage of nurses and physical therapists which will only grow more acute as the current workforce nears retirement. To address this issue, I introduced the Nurse and Physical Therapist Faculty Education Act to make sure we have the capacity in our schools to educate the next generation of nurses and physical therapists. The provisions in my bill will assist health care providers in overcoming these workforce challenges and consequently, enhance both the quality and access to care.

Health Insurance Coverage for More Kids

I am pleased that the Senate has passed the reauthorization of the State Children's Health Insurance Plan (SCHIP). I have been in close conversation with the Finance Committee throughout the crafting of the bill to preserve and continue the good work Minnesota has already begun when it comes to covering kids. Foremost in my mind was protecting any Minnesotans from losing insurance. Still, I am concerned about the \$90 billion House bill, which burdens taxpayers with a hefty price tag and leads the country towards a major expansion of government health. I disagree with those of my colleagues who seem to want the government to take control of the nation's healthcare system. What government should do is take care of the most vulnerable, which we honored by reauthorizing SCHIP.

Planning for an Aging Population

There are 10 million Americans in need of long term care and support, and the number is expected to increase to near 15 million by 2020. Unfortunately, we do not have a national long term care policy in place to address this growing need. I am currently working with Senator Kennedy (D-MA) on legislation that would create a new national insurance program to help individuals and their families financially plan for their long term care needs. In addition, I have introduced the Consortium on the Impact of Technology in Aging Services Act (S. 716) to analyze how technological advances can be used to support elders, families and communities, as well as help control rising healthcare costs.